

Department of Consumer Affairs

Acupuncture Board

**APPLICATION
FOR
SCHOOL APPROVAL**

1999

**1424 Howe Avenue, Suite 37
Sacramento, CA 95825-3233**

(916) 263-2680

(916) 263-2654

www.dca.ca.gov/acup

TABLE OF CONTENTS

I.	School Name and Address	1
II.	Administration	2
III.	Ownership / Officers	4
IV.	Legal Authority to Operate the School	5
V.	Enrollment of Students	6
VI.	Student Affairs	8
VII.	Education Program Leading to Acupuncture Degree	10
VIII.	Faculty	12
IX.	School History and Campus	14
X.	Clinical Teaching Facilities	16
XI.	Herbology	18
XII.	Library	19
XIII.	Resources and Finances	21
XIV.	Research	24
	Checklist	25
	Sample Forms	

SECTION 1

APPLICATION FOR SCHOOL APPROVAL

All items of information are mandatory. If the information you are providing is further supplemented on an attached document (i.e., school catalog, forms, etc.), you may either identify each supplement by utilizing 'tabs' to reference the appropriate section in the application, or you may choose to place the supplemented information directly in back of the appropriate application section. Failure to provide any of the requested information will result in the application being considered as incomplete. The application will not be reviewed until all information requested has been received.

NOTE: If you are requesting approval for a **BRANCH** campus, you must file a separate school application. Branch campus' are considered institutions with independent administrative functions from the parent institution and it is usually located a fair distance away. Branch campus' typically accommodate independent admissions and student body; provides student counseling; has separate core faculty; carries a full TCM Program curriculum; and it is financially independent of the parent institution.

Whereas, satellite campus do not require a separate school application and are defined as training facilities that are within a short distance from the parent institution; administration and admission services are centralized at the parent institution; faculty is shared at both campuses; and students receive training at both the parent and satellite campuses; however, the majority of training is completed at the parent campus. In addition, satellite campuses do not offer a total TCM Program curriculum and these campuses may not always be financially independent of the parent institution.

APPLICATION DATE _____

NAME OF SCHOOL: _____

A. Address of the physical location of the school campus:

Street address: _____

City, State, Zip: _____

B. School phone number(s): () _____ () _____

Fax number: () _____ () _____

E-Mail: _____

C. Mailing address (if different from above):

Street address: _____

City, State, Zip: _____

SECTION II

ADMINISTRATION (Include an organizational chart as well as copies of resumes and job descriptions of all of the following):

A. Name and Title of School President/Director:

Direct Phone Number: _____ E-mail: _____

B. Name and Title of Contact Person or Administrator (if different from above):

Direct Phone Number: _____ E-mail: _____

C. Name and Title of Chief Administrative Dean:

Direct Phone Number: _____ E-mail: _____

Responsibilities: _____

C. Name and Title of Chief Academic Dean/Officer:

Direct Phone Number: _____ E-mail: _____

Responsibilities: _____

E.. Name and Title of Registrar:

Direct Phone Number: _____ E-mail: _____

Responsibilities: _____

C. Name and Title of Chief Financial Officer:

Direct Phone Number: _____ E-mail: _____

Responsibilities: _____

SECTION III

OWNERSHIP / OFFICERS:

A. Type of Ownership: ☐ Individual ☐ Partnership ☐ Other

B. Name of Ownership (the Individual, Partnership [name partners]):

C. Enclose a copy of papers required to file in your state relating to ownership.

D. Board of Directors:

<u>Name</u>	<u>Title</u>	<u>Occupation</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

(i) How often do the Board of Directors meet?

(ii) Enclose copies of the Board Minutes for the past year preceding the date of your application.

E. Officers:

<u>Name</u>	<u>Title</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

SECTION IV

LEGAL AUTHORITY TO OPERATE THE SCHOOL

A. Date of School Opening: _____

B. School Founder: _____

C. Indicate the type of State approval you possess in order to operate (enclose a copy of each validated approval).

Type of Approval: ☐ Full ☐ Conditional

State Agency/Department granting this approval: _____

Date approval was granted: _____ Date approval expires: _____

D. Enclose a copy of the state requirements for approval/authorization from the above agency so that we may know at what level your school has been approved.

[The Acupuncture Board reserves the right to request any and all applications and reports at a later date.]

E. Current student enrollment for each training or degree program(s):

<u>Program</u>	<u>Date Program Started</u>	<u>No. of Students Enrolled</u>	<u>Degree to be Awarded</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate the program(s) requested for Acupuncture Board approval:

SECTION V

ENROLLMENT OF STUDENTS

- A. Requirements for Admission to the Program (briefly describe the selection process for entering students beginning with receipt of the application forms and ending with enrollment. Cite all criteria for selection.)

- B. Are entrance requirements published in the school catalog? ☐ Yes ☐ No
(If not, where are the requirements listed? _____)

- C. How do you verify the admission requirements?

- D. Do you accept transfer credits for past education and/or experience received prior to admission to your school? ☐ Yes ☐ No

If yes, explain methods and criteria for such credit (attach additional pages as necessary):

E. Are all selection criteria established by official faculty/school authority? Please describe.

F. Enrollment (only for those students enrolled in the program that school is seeking approval for):

	<u>Total Students</u>	<u>1st Year Students</u>	<u>2nd Year Students</u>	<u>3rd Year Students</u>	<u>4th Year Students</u>	<u>Graduate Students</u>
19 _____	_____	_____	_____	_____	_____	_____
19 _____	_____	_____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____	_____	_____

G. Number of students to withdraw from Program in the four years: _____

H. Student fees charged by school:

1. Tuition per Academic Year (for full-time students): \$ _____

[Tuition per unit: \$ _____]

2. List all other fees:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL CHARGED BY SCHOOL \$ _____

SECTION VI

STUDENT AFFAIRS

A. Who is in charge of Student Affairs?

Name _____

Title _____

Direct Phone No.: _____ E-mail: _____

Academic Degree(s) _____

Date of Appointment: _____

B. Student Records:

1. Where are central files kept that contain student records (e.g., Dean's or Registrar's Office)?

2. Please indicate which records and attach a sample copy of each form:

☐ Student Application (Transcripts, Letter of Recommendations, Interviews, Resumes, Exams, etc.)

☐ Academic Record

☐ Student Attendance Form

☐ Faculty Comments or Recommendations

☐ Student Contract

☐ Other - Please specify

3. What measures has the school taken to protect and prevent record loss in the event of fire/theft, etc.

4. Are all records available to each student for feedback on performance and/or correction of errors? ☐ Yes ☐ No Explain process:

5. Describe briefly how the student is evaluated (letter grade, pass-fail, or other methods):

6. Describe student grievance process:

7. Describe sexual harassment policy:

SECTION VII

EDUCATIONAL PROGRAM LEADING TO ACUPUNCTURE DEGREE (if more than one program is offered, describe the one being submitted for approval):

- A. Total duration of the program in weeks: _____
Weeks in the first year: _____
Weeks in the second year: _____
Weeks in the third year: _____
Weeks in the fourth year: _____
Other year(s): _____
- B. Total number of hours required for graduation: _____
- C. Total number of years: _____
- D. Type of system school is on: ☐ Quarter ☐ Semester ☐ Trimester
- E. Number of weeks in a school term: _____
- F. Hours per credit/unit: _____
- G. Enclose copies of school catalog.
- H. Enclose Course Descriptions for each class (see Appendix A).
- I. Enclose your curriculum schedule (See Appendix B).
- J. Enclose a Course Outline/Syllabus for each class offered in your school program (see Appendix C).
- K. Enclose a Course Schedule for the most recent and/or upcoming school term (see Appendix D).
- L. Enclose copies of the forms used for student, instructor, and clinic supervisor evaluations.
- M. Describe the administration's evaluation mechanism process used to determine the effectiveness of the theoretical and clinical programs.
- N. Indicate how your curriculum meets the Acupuncture Board requirements by completing Appendix H.

O. Indicate what prerequisites are required for entry into your program.

P. Complete the following:

<u>Electives Offered</u>	<u>Course Names</u>	<u>Hours</u>

SECTION VIII

FACULTY

- A. List below all instructors and the courses they teach. Also include instructors at satellite campus(s) and clinic(s). Indicate whether instructors are employed full or part-time (attach additional sheets if necessary):

[illegible]

- B. Attach the resume and current job description of each of the faculty member(s) who have responsibility for direction of each course, learning exercise, demonstration, clinical internship or other activity of the education program. This must include:
1. Full name and faculty title
 2. Outline of educational experience
 3. Previous occupational experience, including other schools
 4. List of publications, if any
 5. Other evidence of scholarly activity (e.g., research grants, fellowships)
- C. Attach a Faculty Interview Face Sheet (Appendix E) and a copy of any necessary government authorization required for teaching, for an instructor.
- D. Attach a description of the criteria for faculty appointments.
- E. Attach a copy of your standard faculty contract.
- F. Specify the instructor/student ratio: _____
- G. Do you have a faculty handbook? ☐ Yes ☐ No
If yes, please attach a copy.

SECTION IX

SCHOOL HISTORY AND CAMPUS

- A. Provide a brief history of the school campus (i.e., when it was opened, changes that have taken place through time, etc.)

- B. What is the school's projection for future growth?

C. Enclose a copy of the school's 'Mission Statement'

D. Teaching Facilities:

<u>List each Classroom</u>	<u>Location (Building Name)</u>	<u>Number of Seats</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Number and type of teaching aids (computers, projectors, recorders, etc.);

<u>Quantity</u>	<u>Type of Teaching Aid</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

F. School Facility: Attach photographs of the school's teaching facilities; other campus facilities; or pages from brochures, floor plans, and/or diagrams.

G. What is the process/policy for school advertisement. Please attach copies of advertisements for the past three years.

SECTION X

CLINICAL TEACHING FACILITIES

(On a separate sheet of paper, please provide the following information -)

A. School Clinic

1. Name of Clinical Director and direct phone number
2. Ratio of clinical supervisors to students
3. Description of curriculum plan, how students are supervised, administered and evaluated at these sites.
4. Attach a description of an intern's clinical activities in relation to a typical working day performing the following: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice
5. Do you have a clinic handbook for your clinical students?
☐ Yes ☐ No If yes, attach a copy.

B. Externship clinic

(Facilities not owned and operated by the school - for clinical training only)

1. Complete the Clinic Site Visit Form (Appendix F)
2. Attach a specific agreement with each clinic or hospital providing clinical teaching facilities.
3. Full description of the protocol used for providing student supervision at each of the three stages of clinical instruction in your clinical program: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice.
4. Percentage of all clinical instruction completed at clinic: _____ %
5. What type of grading mechanism is used for clinical instruction: (i.e., Pass/Fail or Letter-grade).
6. For each clinical externship, list the objectives to be reached by the student by the end of the assigned experience, including clinical skills, and number of patients to be studied.
7. Attach a description of an intern's clinical activities in relation to a typical working day performing the following: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice.
8. Do you have a clinic handbook for your clinical students?
☐ Yes ☐ No If yes, attach a copy.

C. Satellite Campus
(Facilities owned and operated by the school that provide curriculum training)

1. Number of satellite campuses and clinical teaching facilities
2. Addresses
3. Name of Clinical Director and direct phone number
4. Ratio of clinical supervisors to students
5. Description of curriculum plan, how students are supervised, administered and evaluated at these sites.
6. Attach a description of an intern's clinical activities in relation to a typical working day performing the following: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice.
7. Do you have a clinic handbook for your clinical students?
☐ Yes ☐ No If yes, attach a copy.

D. Satellite Clinic
(Facilities that are owned and operated by the school for clinic training only)

1. Complete the Clinic Site Visit Form (Appendix F)
2. Full description of the protocol used for providing student supervision at each of the three stages of clinical instruction in your clinical program: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice.
3. Percentage of all clinical instruction completed at clinic: _____ %
4. What type of grading mechanism is used for clinical instruction: (i.e., Pass/Fail or Letter-grade).
5. Attach a description of an intern's clinical activities in relation to a typical working day performing the following: (a) Practice Observation; (b) Diagnosis and Evaluation; and (c) Supervised Practice.
6. Do you have a clinic handbook for your clinical students?
☐ Yes ☐ No If yes, attach a copy.

SECTION XI

HERBOLOGY

- A. Are Bulk Herbs available for student instruction? ☐ Yes ☐ No

If yes, how many different types? _____

Quantity of each herb? _____

Where is the Herb Dispensary located? _____

Herb Dispensary Manager's Name: _____

- B. Please describe your methods for enforcing quality control over herbs prescribed.
- C. Attach a list of your herbs by Chinese character and Latin pharmaceutical name.

SECTION XII

LIBRARY

A. Name of Librarian: _____

B. Total Number of Volumes in Library: _____

C. Number of Volumes by Language:

English _____
Chinese _____
Japanese _____
Korean _____
Other (specify) _____

D. Number of books by Subject Matter:

_____	Western Sciences (Biology, Chemistry, Physics, Psychology, Anatomy, Physiology, Pathology)
_____	Nutrition and Vitamins
_____	Medical Terminology
_____	Clinical Sciences
_____	Western Pharmacology
_____	Traditional Oriental Medicine
_____	Diagnostic Procedures of Eastern and Western Medicine
_____	Philosophy of Eastern and Western Medicine
_____	Acupuncture Anatomy and Physiology
_____	Acupuncture Techniques
_____	Acupressure
_____	Qi Gong and Tai Chi Chuan
_____	Herbology
_____	Practice Management and Ethics

E. Attach a list of library books and journals in English (title, author, publisher and date of publication).

F. Budget:

- | | | |
|----|----------------------------|----------|
| 1. | Acquisitions, Expenditures | \$ _____ |
| 2. | Salaries, Wages, etc. | \$ _____ |
| 3. | All Other Expenses | \$ _____ |

G. Number of Staff:

- | | | |
|----|-----------------------------|-------|
| 1. | Professional, Full-Time | _____ |
| 2. | Professional, Part-Time | _____ |
| 3. | Non-Professional, Full-Time | _____ |
| 4. | Non-Professional, Part-Time | _____ |

H. Facility:

- | | | |
|----|------------------------------------|-------|
| 1. | Library's total square-footage | _____ |
| 2. | Hours library is opened | _____ |
| 3. | Are the following areas available: | |
| | a. Reading Area | _____ |
| | b. Offices | _____ |
| | c. Staff Workspace | _____ |
| | d. Conference Rooms | _____ |
| | e. Audi-Visual Rooms | _____ |
| | f. Study Carrels | _____ |
| | g. Other (specify) | _____ |

SECTION XIII

RESOURCES: FINANCES (for past three (3) years)

A. Define Fiscal Year _____

B. Expenditures: List the top five major areas of expenditures (i.e., buildings, faculty, administrative staff, equipment).

<u>Summary of Operations</u>	Fiscal Yr _____ (Current Year)	Fiscal Yr _____ (Last Year)	Fiscal Yr _____ (Previous Year)
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

C. Income: List the top five major areas of income (i.e., regular operating programs, tuition fees, gifts, grants, research, etc.).

<u>Summary of Operations</u>	Fiscal Yr _____ (Current Year)	Fiscal Yr _____ (Last Year)	Fiscal Yr _____ (Previous Year)
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
NET SURPLUS / DEFICIT:	\$ _____	\$ _____	\$ _____

D. Endowment (if any):

1. Estimated total current market value: \$ _____

2. Has the Corpus of Endowment been ☐ increasing or ☐ diminishing during the past five years?

E. Fiscal Reserves:

1. Operating Reserves \$ _____

2. Unexpectedly Restricted Funds:

Gifts \$ _____

Designated Funds \$ _____

F. Does the School have any standing indebtedness?

F. Does the School have any standing indebtedness? ☐ Yes ☐ No

G. Deficit vs. Surplus:

Considering the past three years, what has been the trend in income-expenditures? If deficits have occurred, what has been the source of funds used to balance fiscal accounts? What are the prospects for the next five years?

H. Reduction/Increase of Income:

Do you anticipate any significant changes in any major source of income?

I. Actual expenditures for annual operation of school-owned clinic(s)
Current estimate: \$ _____

J. Operating income by source of funds:

Current Estimate
(most recent figures available)

Student Tuition and Fees	\$ _____
General School Funds	\$ _____
Gifts:	
Alumni	\$ _____
Voluntary Health Agencies	\$ _____
Foundations	\$ _____
Business and Industry	\$ _____
Individuals	\$ _____
Other:	
Professional Fees - Income from Faculty Clinical Practice	\$ _____
From Teaching Hospitals or Clinics	\$ _____
Sales or Service of Educational Departments	\$ _____
Auxiliary Enterprises	\$ _____
Recovery of Indirect Costs-All Sponsored Programs	\$ _____
Sponsored Teaching and Training Grants	\$ _____
_____	\$ _____
_____	\$ _____

K. Operating funds are administered by (mark the appropriate box):

- ☐ University
- ☐ Private Organizations
- ☐ Other

L. Summary of expenditures for the School (see Appendix G).

SECTION XIV

RESEARCH

- A. Describe any research institutes operated by or in close association with the school. Include the major emphasis of the institute, its source of funding, total professional staff, budget and relationship to the schools:

- B. Describe any interdepartmental research efforts not reported by individual departments:

- C. Total number of research projects undertaken by faculty:

<u>Title of Project</u>	<u>Principal Investigator</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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<hr/>	<hr/>

* * * * *

FORWARD ALL MATERIAL AND APPLICATION FEE OF \$1,500.00 TO:

Acupuncture Board
1424 Howe Avenue, Suite 37
Sacramento, CA 95825-3233

APPLICATION FOR SCHOOL APPROVAL

CHECKLIST

- ☐ Application Fee: \$1,500.00 (Certified Check or Money Order made payable to the Acupuncture Board)
- ☐ 2 copies of the completed Acupuncture Board Application for School Approval that should include, with each copy, the following documents:
 - ☐ Administration Organization Chart, Resumes, and Job Descriptions (See Section II)
 - ☐ Ownership Document (See Section III)
 - ☐ Board Minutes (for one year) (See Section III)
 - ☐ State Approval to Operate School (See Section IV)
 - ☐ State Requirements for Approval/Authorization (See Section IV)
 - ☐ Student Record Forms (See Section VI)
 - ☐ School Catalog (See Section VII)
 - ☐ Course Descriptions (See Section VII and/or Appendix A)
 - ☐ Curriculum Schedule (See Section VII and/or Appendix B)
 - ☐ Course Outline/Syllabus (See Section VII and/or Appendix C)
 - ☐ Course Schedule (See Section VII and/or Appendix D)
 - ☐ Forms Used for Student, Instructor, and Clinic Supervisor Evaluations (See Section VII)
 - ☐ Evaluation Mechanism which Determines the Effectiveness of Theoretical and Clinical Programs (See Section VII)
 - ☐ How Curriculum Meets Acupuncture Board Standards (See Section VII and/or Appendix H)
 - ☐ Resumes and Job Descriptions for Faculty Members (See Section VIII)
 - ☐ Faculty Interview Face Sheet (See Section VIII and/or Appendix E)

- ☐ Government Authorization for Teaching by Instructors (See Section VIII)
- ☐ Description of the Criteria for Faculty Appointments (See Section VIII)
- ☐ Standard Faculty Contract (See Section VIII)
- ☐ Faculty Handbook (See Section VIII)
- ☐ School's Mission Statement (See Section IX)
- ☐ Photographs of the School's Teaching Facilities; Other Physical Facilities; or Pages from Brochures, Floor Plans, and/or Diagrams (See Section IX)
- ☐ Advertisements for the Last Three Years (See Section IX)
- ☐ School Clinic (See Section X)
- ☐ Externship Clinic (See Section X)
- ☐ Satellite Campus (See Section X)
- ☐ Satellite Clinic (See Section X)
- ☐ Methods for Enforcing Quality Control Over Herbs Prescribed (See Section XI)
- ☐ List of Herbs by Chinese Character and Latin Pharmaceutical Name (See Section XI)
- ☐ List of Library Books and Journals in English (See Section XII)
- ☐ Summary of Expenditures for the School (See Section XIII and/or Appendix G)

APPLICATION PROCESSING

The time required to process a completed application depends upon a variety of factors, the most significant of which are the sufficiency of the Program and the clarity of the application and supporting documents. For this reason, it is important that you assemble your application in a binder with a table of contents and tabbed index sections.

When an application is deemed complete by this office, an on-site inspection will be scheduled by the Executive Officer. The Education Committee will report its recommendations to the full Board which will then make the final determination.

Total processing time could take six months to one year.

Acupuncture Board

The following forms are samples.

If your school forms are different,

you may use your own forms;

however, please make sure that all of the

questions listed in the Acupuncture Board

forms are answered.

COURSE DESCRIPTION

COURSE NUMBER: _____

COURSE TITLE _____

NUMBER OF CLASSROOM HOURS _____

COURSE INSTRUCTOR _____

COURSE DESCRIPTION:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CURRICULUM SCHEDULE

YEAR: _____

<u>Units/Number</u>	<u>Title</u>	<u>Hours</u>	<u>Unit/Credit</u>
TERM _____			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		=====	

<u>Units/Number</u>	<u>Title</u>	<u>Hours</u>	<u>Unit/Credit</u>
TERM _____			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		=====	

<u>Units/Number</u>	<u>Title</u>	<u>Hours</u>	<u>Unit/Credit</u>
TERM _____			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		=====	

[illegible]

COURSE OUTLINE / SYLLABUS

YEAR _____ TERM _____ BEGINS/ENDS _____

<u>Course No.</u>	<u>Course Title</u>	<u>Units/ Credits</u>	<u>Class Meets -</u>		<u>Instructor</u>
			<u>Day</u>	<u>Hours</u>	

(Beginning Level)

(Intermediate Level)

(Advanced Level)

(Clinical and General Sciences)

FACULTY INTERVIEW FACE SHEET

NAME _____

ADDRESS _____

A. What is your relevant training for this position? _____

B. What is your relevant experience for this position? _____

C. What continuing scholarly activities do you pursue? _____

D. How do you remain current in your specialty? _____

E. What text book(s) and extra reading do you assign? _____

F. What is the nature and frequency of your communication with the Director? _____

- G. How do you deal with absences and missed assignments? _____

- H. What are the quality features of the program? _____

- I. Describe the utility of the faculty meetings/workshops? _____

- J. What is the effect of scheduling on your ability to teach effectively ? _____

- K. Is your performance evaluated in a satisfactory manner? _____

- L. What are the program's greatest strengths? _____

- M. What are the program's greatest weaknesses? _____

CLINIC SITE VISIT REPORT

☐ School
 ☐ Branch
 ☐ Satellite
 ☐ Externship
 ☐ Tutorial

School Name _____

School Contact Person _____

Contact Person's Direct Phone # _____ e-mail _____

Clinic Name _____

Clinic Address _____

Clinic Phone # _____

Clinic Contact Person _____

Clinic Person's Direct Phone # _____ e-mail _____

Clinic Director's Name _____

Clinic Director's License No.: _____

Name of Clinic Supervisors

License Nos.

Average Number of Patients Seen at Clinic
Average Number of Patients Seen by Interns Per Week
What is the Supervisor/Intern Ratio at the Clinic?
Does the clinic carry malpractice insurance for interns? <input type="checkbox"/> Yes <input type="checkbox"/> No

Check documents used at the clinic (also identify other documents not provided below):

Attendance		Safety Guidelines / OSHA Standards	
CPR/Exam Requirement			
Progress Notes			
Record-Keeping Charts			
Intern Patient Log			
Soap-Notes			
Billing Records			
Intern Evaluation			
Supervisor Evaluation			

Clinic/Lab Equipment:

<i>Item</i>	<i>Quantity</i>	<i>Item</i>	<i>Quantity</i>
Treatment Rooms		Models	
Handwashing Facilities		Skeletons	
Acupuncture Tables		Electroacupuncture Machines	
Waste Containers		Stethoscope	
Waste Container Service		Sphygmomanometer	
Intern Work Area		Disposable Needles	
Reference Books		Autoclave	
Restrooms		Acupuncture Charts	
Herbs (Raw)		Cups	
Herbs (Patents)		Alcohol/Cotton	
Herbs (Bottled)		Patient Gowns	
Moxa			

What is the temperature setting of the room where the herbs are stored? _____

Is the humidity level of the room appropriate for storing herbs? ☐ Yes ☐ No

Do the herbs appear in good condition? If expiration dates are available, please verify _____

Are the disposable needles within expiration dates? ☐ Yes ☐ No

***** *For Acupuncture Board Use* *****

	Poor										Excellent
Cleanliness Rating:	1	2	3	4	5	6	7	8	9	10	

Additional Comments:

Recommendation: ☐ Approve ☐ Deny ☐ Concerns

Signature:

Board/Staff Member

Date of Visit

ACUPUNCTURE CURRICULUM

1998

(a) The curriculum shall include adequate theoretical training in the following:

- (1) General biology.
 - (2) Chemistry--including organic and biochemistry.
 - (3) General physics--including a general survey of biophysics.
 - (4) General psychology--including counseling skills.
 - (5) Anatomy--a survey of microscopic, gross anatomy and neuroanatomy.
 - (6) Physiology--a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry.
 - (7) Pathology--a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology.
 - (8) Nutrition and vitamins. **400 Hours**
-
- (9) History of medicine--a survey of medical history, including transcultural healing practices.
 - (10) Medical terminology--fundamentals of English language medical terminology. **30 Hours**
-
- (11) Clinical sciences--a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public health.
 - (12) Clinical medicine--a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, and homeopathy to familiarize practitioners with the practices of other health care practitioners.
 - (13) Western pharmacology.
 - (14) A minimum of eight (8) hours in a certified course offering first-aid and adult/child cardiopulmonary resuscitation (CPR). Such course shall be taken from the American Red Cross, American Heart Association or other organization with an equivalent course work approved by the committee. **128 Hours**
-
- (15) Traditional Oriental medicine--a survey of the theory and practice of traditional diagnostic and therapeutic procedures.
 - (16) Acupuncture anatomy and physiology--fundamentals of acupuncture, including the meridian system, special and extra loci, and auriculotherapy.
 - (17) Acupuncture techniques--instruction in the use of needling techniques, moxibustion, and electroacupuncture, including contraindication and complications. Students shall either (1) successfully complete a course which requires a student to pass an examination in clean needle technique, taught at a committee approved school that uses as its primary reference the most current edition of the "Clean Needle Technique Manual" published by the National Acupuncture Foundation, or 2) successfully complete a Clean Needle Technique course administered by the Council of Colleges of Acupuncture and Oriental Medicine.
 - (18) Acupressure.
 - (19) Breathing techniques--introductory course in QiGong.
 - (20) Traditional Oriental exercise--introductory course in Tai Chi Chuan. **660 Hours**
-
- (21) Traditional Oriental herbology including botany--a portion of the hours shall be given in a clinical setting. **300 Hours**
-
- (22) Practice management--instruction in the legal and ethical aspects of maintaining a professional practice, including record keeping, professional liability, patient accounts, and referral procedures.
 - (23) Ethics relating to the practice of acupuncture. **30 Hours**
-
- (b) The curriculum shall include adequate clinical instruction, 75% of which shall be in a clinic which is owned and operated by the training program, which includes direct patient contact where appropriate in the following:
- (1) Practice Observation--supervised observation of the clinical practice of acupuncture with case presentations and discussions.
 - (2) Diagnosis and evaluation--the application of Eastern and Western diagnostic procedures in evaluating patients.
 - (3) Supervised practice--the clinical treatment of a patient with acupuncture. **800 Hours**

SUMMARY OF EXPENDITURES

[illegible]

CURRICULUM

The Acupuncture Board Curriculum Requirements, per Regulation Section 1399.436(b) and (d) is provided on the following two pages for comparison.

COURSE NAME	Course Number (per School Catalog)	Catalog Page No.	Clock Hour	Course Unit

[Please use additional sheets]